

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 8  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name of Payee <b>DMM MEDIA INC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 26 / 2014         </div>	
Mailing Address 1911 N FORT MYER DR STE 400		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           22552.24         </div>	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042524
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 26 / 2014         </div>	
Name of Federal Candidate SCOTT PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           828741.88         </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 26 / 2014         </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           570930.91         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042492
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>	
Name of Federal Candidate JOE GARCIA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           917650.91         </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           593483.15         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           593483.15         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

Signature